

OCT 17 2006

AT SEATTLE
CLERK U.S. DISTRICT COURT
WESTERN DISTRICT OF WASHINGTON
BY DEPUTY

UNITED STATES DISTRICT COURT
WESTERN DISTRICT OF WASHINGTON

DAVID FRANKLIN WEST
(Name of Plaintiff)

CV06 1453 JCC-
JPD

vs.

CIVIL RIGHTS COMPLAINT
BY A PRISONER UNDER 42
U.S.C. § 1983

SNOHOMISH COUNTY JAIL

DAVID OSTER, NIKKI BAHNER

PAT PENDRY, OFFICER HOWARD

STEVE THOMPSON/DIRECTOR
(Names of Defendants)

I. Previous Lawsuits:

A. Have you brought any other lawsuits in any federal court in the United States while a prisoner:
☐ Yes ☒ No

B. If your answer to A is yes, how many?: _____ Describe the lawsuit in the space below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper using the same outline.)

1. Parties to this previous lawsuit:

Plaintiff _____

Defendants _____

2. Court (give name of District) _____

3. Docket Number _____

4. Name of judge to whom case was assigned _____

5. Disposition (For example: Was the case dismissed as frivolous or for failure to state a claim? Was it appealed? Is it still pending?) _____

6. Approximate date of filing lawsuit _____

7. Approximate date of disposition _____

II. Place of Present Confinement: SNODHOMISH CO. JAIL 3025 OAKES AVE. EVERETT, WA. 98201

A. Is there a prisoner grievance procedure available at this institution? ☒ Yes ☐ No

B. Have you filed any grievances concerning the facts relating to this complaint?
☒ Yes ☐ No

If your answer is NO, explain why not _____

C. Is the grievance process completed? ☒ Yes ☐ No

If your answer is YES, ATTACH A COPY OF THE FINAL GRIEVANCE RESOLUTION for any grievance concerning facts relating to this case.

III. Parties to this Complaint

A. Name of Plaintiff: DAVID FRANKLIN WEST Inmate No.: 91987

Address: 3025 OAKES AVE., EVERETT, WA. 98201

(In Item B below, place the full name of the defendant, his/her official position, and his/her place of employment. Use item C for the names, positions and places of employment of any additional defendants. Attach additional sheets if necessary.)

B. Defendant DAVID OSTER; official position CLASSIFICATION/
place of employment SNODHOMISH COUNTY JAIL SUPERVISOR

LIST OF PARTIES INVOLVED
AND THEIR ADDRESSES

PLAINTIFF:

② DAVID FRANKLIN WEST

ID# 91987

3025 OAKES AVE.

EVERETT, WA. 98201

FILED
FORWARDED
RECEIVED

MAIL

OCT 20 2006

AT SEATTLE
CLERK U.S. DISTRICT COURT
WESTERN DISTRICT OF WASHINGTON
BY DEPUTY

DEFENDANTS: # 3-7

③ STEVE THOMPSON / DIRECTOR REPRESENTING

SNOHOMISH COUNTY CORRECTIONS / COUNTY OF SNOHOMISH

3025 OAKES AVE.

EVERETT, WA. 98201

④ DAVID OSTER / CLASSIFICATION SUPERVISOR

3025 OAKES AVE.

EVERETT, WA. 98201

⑤ NIKKI BAHNER / MEDICAL SUPERVISOR

3025 OAKES AVE.

EVERETT, WA. 98201

⑥ PAT PENDRY / CLASSIFICATION

3025 OAKES AVE.

EVERETT, WA. 98201

⑦ OFFICER HOWARD

3025 OAKES AVE.

EVERETT, WA. 98201

C. Additional defendants NIKKI BANNER / MEDICAL SUPERVISOR, SNOHOMISH CO. JAIL - PAT PENDRY / CLASSIFICATION, SNOHOMISH CO. JAIL - OFFICER HOWARD / MODULE OFFICER, SNOHOMISH CO. JAIL, STEVE THOMPSON / DIRECTOR, SNOHOMISH CO. JAIL / COUNTY OF SNOHOMISH

IV. Statement of Claim

(State here as briefly as possible the facts of your case. Describe how each defendant is involved, including dates, places, and other persons involved. Do not give any legal arguments or cite any cases or statutes. If you allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets if necessary.)

① SINCE BOOKING, WHEN I INFORMED JAIL STAFF OF MY BROKEN TEETH AND EXCRUCIATING PAIN, I HAVE FILED MORE THAN 10 REQUESTS TO BE SEEN BY DENTAL / MEDICAL (NIKKI BANNER). EACH ONE I SENT I INFORMED THEM IT WAS AN EMERGENCY. I STILL NEVER RECIEVED EVEN ONE ANSWER BACK. AFTER THREATENING LEGAL ACTION ON 9/20/06, I WAS CHECKED BY A NURSE AND RECIEVED MEDICATION ON 9/21/06.

② AFTER REPORTING TO (OFFICE HOWARD) THE EVENING OF 9/16/06, THAT I WAS BEING THREATENED BY INMATES. I TOLD HIM I WANTED NO TROUBLE AND ASKED TO BE MOVED TO ANOTHER MODULE, I WAS HANDCUFFED AND LED AWAY TO THE SOLITARY CONFINEMENT UNIT. I WAS LEFT THERE 4 HOURS WITHOUT BEDDING AND VERY COLD. I WAS IGNORED AND TREATED WITH CRUELTY AND ~~THAT~~ UNUSUAL PUNISHMENT, WHILE THE INMATES RESPONSIBLE LAY WARM AND COZY IN THEIR BEDS WHEN I WAS FINALLY MOVED TO A BETTER UNIT 3 DAY'S HAD PASSED.

③ AFTER INFORMING MENTAL HEALTH OVER AND OVER OF MY EXTREME ANXIETY LEVEL DUE TO MY DISABILITY (A.D.H.D. - PERSONALITY DISORDER - PRONE TO PSYCHOTIC EPISODES) I LET (PAT PENDRY) WHO WAS DOING THE EVALUATION THAT I AM PRESCRIBED (125 mg AMITRIPTYLENE) BEFORE BED. SHE WENT OVER MY HISTORY OF ABUSE BY MY FATHER AND MY SOCIAL SECURITY CLAIM AND SAID SHE WOULD HAVE THE NURSES START MY MEDS. NO ACTION WAS EVER TAKEN. THAT WAS ON OR ABOUT 9/14/06.

IV. STATEMENT OF CLAIM CONTINUED

④ AFTER MAKING NUMEROUS REQUESTS TO BE ALLOWED TO GO TO THE LAW LIBRARY TO CHALLENGE THE CONDITIONS OF MY INCARCERATION (ie. 9/12/06, 9/19/06, 9/20/06, 9/21/06...) I WAS CONTINUALLY ~~BE~~ IGNORED AND DENIED "ACCESS TO COURTS" BY BOTH (PAT PENDRY AND DAVID OSTER) EVEN AFTER QUOTING THE SUPREME COURT OF THE UNITED STATES.

⑤ AFTER WRITTING REQUESTS (9/22/06, 9/23/06, 9/24/06, 9/25/06, 9/26/06, 9/27/06) WITHOUT EVEN ONE ANSWER TO THIS DAY, TO THE FACT THAT I AM IN SERIOUS EXCROCIATING PAIN FROM AN APRIL 13, 1998 AUTO ACCIDENT WHICH HAS LEFT ME WITH A FUSION AT C²-C³, (C² HANGMANS FRACTURE), HERNIATED DISKS AT C⁴-C⁵-C⁶, WEDGING AT T⁸-T⁹, DEGENERATIVE DISK DISEASE WHICH HAS LEFT ME WITH ALMOST NO DISKS (BONE TO BONE) IN MY ENTIRE LUMBAR REGION. I ONLY ASK FOR AN EXTRA MAT TO TAKE OFF SOME PRESSURE, AND I ASKED FOR MY MEDS TO BE STARTED AND I TOLD THEM THE HOSPITAL WHERE TO VERIFY. STILL NO ANSWER OR HELP.

IV. STATEMENT OF CLAIM CONTINUED

⑥ ON 10/2/06 I PERSONALLY ASKED COUNSELING REPRESENTATIVE MARK NOFTSGER IF HE WOULD BE ABLE TO HELP ME RETRIEVE ALL THE KITE'S THAT I HAVE SENT TO MEDICAL, DENTAL, AND MENTAL HEALTH AND TO THIS DATE RECIEVED NO REPLY. WHEN MARK WENT OUT OF HIS WAY TO PERSONALLY CHECK MY CLAIM WITH THE VARIOUS ENTITIES, HE RETURNED WITH NOTHING. HE WAS TOLD THAT IF I WANTED BACK ALL THE KITE'S, THAT I NEEDED TO SEND A KITE REQUEST-ING THEM BACK FROM EACH OF THE VARIOUS ENTITIES. I RESPONDED IN LIKE STATING THAT I HAD ALREADY SENT 5 KITE'S TO EACH AN AS OF YET HAD NO RESPONSE. HE TOLD ME THAT DAVID OSTER TOLD HIM THAT I SHOULD JUST ADD THAT AS ANOTHER CLAIM ON MY CIVIL RIGHTS VIOLATION COMPLAINT AS DENIAL OF ANY ACTION OR ~~RESPONSE~~ RESPONSE TO MY REQUESTS FOR ASSISTANCE. THESE DIFFERENT DEPARTMENTS HAVE MADE IT THEIR DUTY TO IGNORE ME AND MY REQUESTS FOR ASSISTANCE AND HELP. THIS IS A TRAUSTY OF JUSTICE AND MALPRACTICE ON THERE PART. ALSO A VIOLATION I FEEL OF DUE PROCESS.

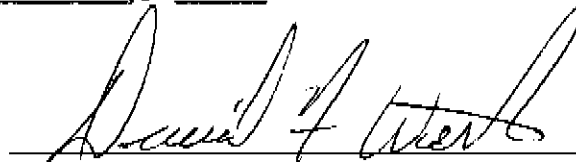
V. Relief

(State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes.)

I FEEL I HAVE BEEN ~~BEEN~~ IGNORED, PUT-OFF, ABUSED SINCE
TURNING MYSELF INTO THIS JAIL ON 9/04/06. I ASK FOR COMPENSATION
AND JUSTICE FOR UNDO PAIN AND SUFFERING, UNDO MENTAL ANGUISH,
MENTAL SUFFERING, UNDO STRESS, WRONGFULL DENIAL OF MEDS,
WRONGFULL DENIAL OF "ACCESS TO COURTS", AND CRUEL AND UN-
USUAL PUNISHMENT IN THE AMOUNT OF \$250,000.00 AND IN
THE FORM OF DENTAL CARE, MENTAL HEALTH ASSISTANCE, MEDICAL
ASSISTANCE, "ACCESS TO COURTS", BETTER CARE AND RESPECT.

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 26 day of SEPTEMBER, 2006



(Signature of Plaintiff)

EXHIBIT #

SNOHOMISH COUNTY CORRECTIONS SERVICE KITE

MODULE: F4 BED # 19 U

NAME: DAVID WEST CIN 91987 BIN# 108D DATE: 9-5-06

CHECK APPROPRIATE BOX:

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> CHAPLAIN | <input type="checkbox"/> CLASSIFICATION | <input type="checkbox"/> COUNSELING | <input type="checkbox"/> KITCHEN |
| <input type="checkbox"/> MEDICAL | <input type="checkbox"/> COMMISSARY | <input type="checkbox"/> SERGEANT | <input type="checkbox"/> MODULE OFFICER |
| <input type="checkbox"/> PROPERTY | <input type="checkbox"/> RECORDS | <input type="checkbox"/> MENTAL HEALTH PROFESSIONAL | |
| <input type="checkbox"/> PUBLIC DEFENDER (SNOHOMISH CO.) | <input type="checkbox"/> AAA (EVERETT MUNI PUBLIC DEFENDER) | | |
| <input checked="" type="checkbox"/> JAIL LAW LIBRARY | <input type="checkbox"/> OFFICE OF PUBLIC DEFENSE (PRETRIAL SERVICES) | | |

ATTORNEY NAME: _____ (IF KITE IS FOR ATTORNEY)

MESSAGE:

I AM REPRESENTING MYSELF PRO-SE
IN MY UPCOMING CASE. I NEED ACCESS TO
THE LAW LIBRARY AND LEGAL PAPER AND PEN
AS I AM INDIGENT AND MUST HAVE ACCESS
TO COURTS AS PRESCRIBED BY THE SUPREME COURT.

SIGNATURE: _____

RESPONSE:

See Memo

SIGNATURE: _____

EXHIBIT B



SNOHOMISH COUNTY CORRECTIONS
STEVE THOMPSON, DIRECTOR
3000 ROCKEFELLER AVENUE
EVERETT, WA 98201
(425) 388-3395

MEMORANDUM

TO: WEST, DAVID 91987 F4
FROM: David Oster, Counseling / Classification Supervisor
DATE: September 7, 2006
SUBJECT: Request For Law Library Materials

We have received your request for materials from the jail law library.

If your request is in reference to your criminal case and you are represented by the Public Defender's Office, Office of Public Defense; Association of Attorneys for the Accused or a private attorney, we cannot assist you. You are to contact your attorney regarding all issues related to your criminal case.

If you are pro se it is your burden to provide this department with written documentation from the court indicating your status. Please fill out the bottom portion and return. Once we have received this documentation, we will meet with you and determine the extent of services you will need, based on your circumstances.

If your request is in reference to a civil matter, the department can only assist you if you are challenging the conditions of or fact of your incarceration in this jail. If the civil matter you are pursuing does not meet these criteria, you cannot receive assistance from the jail law library and you are not to send further kites. If your request does meet these criteria, please send another kite stating clearly, what you are attempting to accomplish. We then meet with you, respond to your request with proper forms and instructions, or provide you a written denial of service.

It is our intent to provide the services we are legally required to provide. Although possibly inconvenient for you, we believe these guidelines meet those criteria.

Return to: Classification Office

Court(s) and Case Number(s): _____

Prosecutors Name: _____

Court Appointed standby Attorneys Name: _____

Thank you

AMTRIPTYLENE
ANXIETY
ANXIETY
ANXIETY

EXHIBIT C

Snohomish County Corrections Service Kite

14

MODULE: ~~3500H~~ ⁴⁵⁴ BED# 46NAME: DAVID WEST CIN# 91987 BIN# 1080 DATE: 9-12-06

CHECK APPROPRIATE BOX:

- ☐ CHAPLAIN ☐ CLASSIFICATION ☐ COUNSELING ☐ KITCHEN
☐ MEDICAL ☐ COMMISSARY ☐ SERGEANT ☐ MODULE OFFICER
☐ PROPERTY ☐ RECORDS ☐ MENTAL HEALTH PROFESSIONAL
☐ PUBLIC DEFENDER(SNOHOMISH COUNTY) ☐ AAA (EVERETT MUNICIPAL PUBLIC DEFENDER)
☒ JAIL LAW LIBRARY ☐ OFFICE OF PUBLIC DEFENSE (PRETRIAL SERVICES)

ATTORNEY NAME: _____

MESSAGE:

I WANT INTO THE LAW LIBRARY, TO
 RESEARCH AND CHALLENGE THE CONSTITUTIONALITY
 AND LEGALITY OF THE CONDITIONS OF MY INCARCERATION
 I.E., LEAVING A PERSON TO SUFFER SERIOUS PAIN
 AND MENTAL ANGUISH IN JAIL BECAUSE OF THE FACT
 THEY ARE DISABLED AND HAVE NO MONEY ON THE
 BOOKS AT THIS TIME, AND TO DENY DENTAL,
 MENTAL HEALTH, AND MEDICAL ASSISTANCE.

← OVER

~~SIGNATURE:~~

OVER →

RESPONSE:

you were sent a form on 9/7/06
 regarding Access to the Law Library.
 If you are not Pre Se on an existing
 case you can not use the Library. SCC
 Staff are not allowed to look up and provide
 cases.

SIGNATURE: _____

IN LEWIS V. CASEY, 518 U.S. AT 355, 116
S.C.T. 2174. THE SUPREME COURT MADE
CLEAR THAT "ACCESS TO COURTS" PRONOUNCED
THAT STATES MUST PROVIDE A REASONABLY
ADEQUATE OPPORTUNITY TO FILE NON-FRIVOLOUS
LEGAL CLAIMS CHALLENGING THEIR CONVICTIONS
OR CONDITIONS OF CONFINEMENT.

SIGNATURE David A. West

41-HSH

EXHIBIT D

Snohomish County Corrections Service Kite

MODULE: 45 BED# 14NAME: DAVID WEST CIN# 91987 BIN# 102D DATE: 9-19-06

CHECK APPROPRIATE BOX:

- ☐ CHAPLAIN ☐ CLASSIFICATION ☐ COUNSELING ☐ KITCHEN
☐ MEDICAL ☐ COMMISSARY ☐ SERGEANT ☐ MODULE OFFICER
☐ PROPERTY ☐ RECORDS ☐ MENTAL HEALTH PROFESSIONAL
☐ PUBLIC DEFENDER(SNOHOMISH COUNTY) ☐ AAA (EVERETT MUNICIPAL PUBLIC DEFENDER)
☒ JAIL LAW LIBRARY ☐ OFFICE OF PUBLIC DEFENSE (PRETRIAL SERVICES)

ATTORNEY NAME: _____

MESSAGE:

I AM STILL WAITING TO GET
 TO THE LAW LIBRARY, IF I HAVE TO WAIT
 UNTIL I GET OUT NEXT WEEK THE FIRST
 THING OUT I WILL BE GOING TO THE LAW
 LIBRARY IN THE COURT HOUSE AND PUTTING TOGETHER
 MY LAW SUIT. HALLMARKING THE CONDITIONS
 OF MY INCARCERATION, I.E. - POOR MEDICAL,
 DENTAL & MENTAL HEALTH SERVICES,

SIGNATURE: _____

RESPONSE:

see response
 attached

SIGNATURE: _____

EXHIBIT E

Snohomish County Corrections Service Kite

25 27
MODULE: 45 BED# 19

NAME: DAVID WEST CYN# 91987 BIN# 108D DATE: 9-19-06

CHECK APPROPRIATE BOX:

- ☐ CHAPLAIN ☐ CLASSIFICATION ☐ COUNSELING ☐ KITCHEN
☐ MEDICAL ☐ COMMISSARY ☐ SERGEANT ☐ MODULE OFFICER
☐ PROPERTY ☐ RECORDS ☐ MENTAL HEALTH PROFESSIONAL
☐ PUBLIC DEFENDER(SNOHOMISH COUNTY) ☐ AAA (EVERETT MUNICIPAL PUBLIC DEFENDER)
☒ JAIL LAW LIBRARY ☐ OFFICE OF PUBLIC DEFENSE (PRETRIAL SERVICES)

ATTORNEY NAME: _____

MESSAGE:

I AM CHALLENGING THE CONDITIONS
OF MY INCARCERATION. THAT HAS NOTHING
TO DO WITH MY CASE OR THE PUBLIC
DEFENDER. I ONLY HAS TO DO WITH
THE LAW SUIT I AM FILING AGAINST
THE JAIL AND THE DEPLORABLE CONDITIONS
OF MY INCARCERATION.

SIGNATURE: _____

RESPONSE:

See Memo.

You were sent one also on 9/17/06.
We have not received your information
as outlined in the memo to verify
your status as pro se.

SIGNATURE: _____

Pat Pendry

SCC PRISONER GRIEVANCE/APPEAL

EXHIBIT F
Oster

I have read the rules for filing grievances in the orientation pamphlet. I certify that this is not a frivolous grievance and that I have tried all other ways of handling this problem, including writing a kite and speaking to a staff member.

Signature

NAME: DAVID FRANKLIN WEST 91987 MODULE: _____ DATE: 9.21.06
(Print)

My grievance/appeal is about: Operation of Module Food Service _____
Medical _____ Good Time _____ Disciplinary Action _____ Other DAVE OSTER
LAW LIBRARY

Describe Problem & Requested Action:

I HAVE MADE NUMEROUS REQUESTS TO GO TO THE LAW LIBRARY TO CHALLENGE THE CONDITIONS OF MY CONFINEMENT (i.e.) DENTAL SERVICE, MEDICAL, MENTAL HEALTH ECT. PER (LEWIS V. CASEY, 518 U.S. AT 355, 116 S. CT. 2174) WHERE THE SUPREME COURT MADE IT CLEAR THAT STATES MUST PROVIDE A REASONABLY ADEQUATE OPPORTUNITY TO FILE NON-FRIVOLOUS LEGAL CLAIMS CHALLENGING THEIR CONVICTIONS OR THE CONDITIONS OF THEIR CONFINEMENT. ALSO (MITCHELL V. MOORE, 786 So. 2d 521 (FLA. 2001) SUPREME COURT OF FLORIDA STATED "ACCESS TO COURTS" AVAILABLE TO ALL!

Have you tried to solve this problem by speaking with Staff? Yes / No

Who? C/O RYAN / LIBRARY STAFF What was the answer? ASK WHO IS MY STANDBY ATTORNEY (WHICH I DON'T NEED FOR CIVIL CASE) & I AM PRO-SE IN A CIVIL CASE ANYWAY SO NO NEED TO SUBMIT ANYTHING ONCE I STATE I AM PRO-SE FOR THIS CIVIL LAWSUIT.

Have you filed a grievance before on this subject? No / One / Two Who answered it? _____

Received from prisoner by: YO RYAN #4405 9/21/06 0510
(Staff) (Date/Time)

Delivered to: _____ Shift Commander (Module Operations, property, lockdown)
X Program Supervisor (food, medical, commissary, counseling, Work Release)
_____ Administrative Officer (discipline) _____ Classification (good time, housing assignment)
_____ Manager (2nd grievance) _____ Director (3rd grievance)

Received by: S McQueen MUSIO 9.22.06 0600
(Staff) (Date/Time)

Answer: On 9/25/06 I met with you to discuss your wish to file a lawsuit regarding conditions of confinement. I provided you with the necessary papers + forms to initiate a Civil Rights claim in Federal Court.

Signature: David M Oster David M Oster Date: 9/26/06

Delivered to prisoner by: YO RYAN #4405 9/28/06 0145 DFW
(Staff) (Date/Time) (Prisoner Initial)

Only one grievance per form. Prisoners not satisfied with response must refile grievance within three (3) work days of receiving answer. Attach copy of previous response(s).

SCC PRISONER GRIEVANCE/APPEAL

EXHIBIT 5

I have read the rules for filing grievances in the orientation pamphlet. I certify that this is not a frivolous grievance and that I have tried all other ways of handling this problem, including writing a kite and speaking to a staff member.

Signature

NAME: DAVID FRANKLIN WEST 91987 (Print) MODULE: 25 DATE: 9-21-06

My grievance/appeal is about: Operation of Module _____ Food Service _____
 Medical DENTAL Good Time _____ Disciplinary Action _____ Other _____

Describe Problem & Requested Action:

SINCE MY BOOKING AFTER TURNING MYSELF
IN ON 9-4-06, I HAVE SUBMITTED 10 OR MORE KITES TO DENTAL
THROUGH THE MEDICAL DEPT. ABOUT BROKEN TEETH THAT I HAVE AND
THE SERIOUS "EXCRUCIATING" PAIN WITH WHICH I SUFFER THROUGH
DAILY AND NIGHTLY BECAUSE OF THEM. AS OF THIS TIME, I
HAVE YET TO RECEIVE EVEN ONE RESPONSE FROM ANYONE. I
HAVE TOLD THE NURSE AND IN 3 WEEKS RECEIVED 1 IBUPROFAN.

Have you tried to solve this problem by speaking with Staff? Yes / No
 Who? NURSE PASSING MEDS What was the answer? SORRY, GIVEN 1 IBUPROFAN IN
3 WEEKS

Have you filed a grievance before on this subject? No / One / Two Who answered it? _____

Received from prisoner by: % Ryan #4405 (Staff) 09/21/06 0570 (Date/Time)

Delivered to: _____ Shift Commander (Module Operations, property, lockdown)
✓ Program Supervisor (food, medical, commissary, counseling, Work Release)
 _____ Administrative Officer (discipline) _____ Classification (good time, housing assignment)
 _____ Manager (2nd grievance) _____ Director (3rd grievance)

Received by: S. MURPHY MOSIU (Staff) 9-27-06 0600 (Date/Time)

Answer: There is a very limited number of dental slots
available. Kites are read and inmates receive an
im prompt need basis.

Signature: K. Ryan Date: 9/25/06

Delivered to prisoner by: % Ryan #4405 (Staff) 9/27/06 0630 (Date/Time) DFW (Prisoner Initial)

Only one grievance per form. Prisoners not satisfied with response must refile grievance within three (3) work days of receiving answer. Attach copy of previous response(s).


EXHIBIT H

SNOHOMISH COUNTY CORRECTIONS
MENTAL HEALTH MEMO TO INMATEName West, David CIN# 91987 Module 2S 27

We received your referral/request and are responding as follows:

- ☐ If you are kiting about sleep disturbance, please refer to the Sleep Management Memo for suggestions on how to cope.
- ☒ Your request for medications has been referred to medical. *(Please note that if you do not have a current script from your community provider, you will be placed on a 30 day waiting list prior to review by the psychiatric provider).*
- ☐ We do not provide routine counseling or therapy sessions for inmates.
- ☐ We must prioritize all inmate requests/referrals. Please re-kite with more specific information for our review and determination on how to proceed.
- ☐ We recommend that you follow up with your personal care provider to address your issues after your release from jail *(in some instances, this is solely due to a short jail stay wherein you will be released within the next 30 days).*
- ☐ We do not perform court-ordered mental health evaluations.
- ☐ Your issues are outside the scope of the MHP office and have been referred to:
 - Medical staff
 - Sergeant's office
 - Classification/Counseling staff
 - Jail Administration
 - Other _____

Staff comments:


Mental Health Staff7/29/06
Date